

Please type a plus sign (+) inside this box ☒

PTO/SB/05 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No. <b>A219 1010.1</b>	
	First Inventor	<b>Gottfried DICHTL</b>
	Title	<b>Column Tray</b>
	Express Mail Label No.	

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>	<b>Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</b>
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages <b>26</b> ] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>7</b> ] 5. Oath or Declaration <input checked="" type="checkbox"/> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
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**ACCOMPANYING APPLICATIONS PARTS**

- |   |   |
|---|---|
| 9. <input checked="" type="checkbox"/>  | Assignment Papers (cover sheet & document(s))   |
| 10. <input type="checkbox"/>            | 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br><i>(when there is an assignee)</i>           |
| 11. <input type="checkbox"/>            | English Translation Document <i>(if applicable)</i>   |
| 12. <input checked="" type="checkbox"/> | Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations                    |
| 13. <input type="checkbox"/>            | Preliminary Amendment   |
| 14. <input checked="" type="checkbox"/> | Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i>                                      |
| 15. <input type="checkbox"/>            | Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i>                                   |
| 16. <input type="checkbox"/>            | Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br>Applicant must attach form PTO/SB/35 or its equivalent. |
| 17. <input type="checkbox"/>            | Other: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>            |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

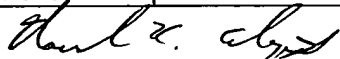
☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No.: **PCT/EP02/09253**

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<b>26158</b>			or <input type="checkbox"/> Correspondence address below
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Country	<b>United States</b>	Telephone	<b>703-394-2216</b>	Fax <b>703-790-2623</b>
Name (Print/Type)	<b>Nanda K. Alapati</b>		Registration No. (Attorney/Agent)	<b>39,893</b>
Signature			Date	<b>February 13, 2004</b>

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.</p>				<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Application Number	
				Filing Date	2/13/2004
				First Named Inventor	Gottfried DICHTL
				Examiner Name	
				Group Art Unit	
TOTAL AMOUNT OF PAYMENT		(\$)		1116.00	Attorney Docket No.
					A219 1010.1

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																																																					
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Deposit Account Number: 09-0528 Deposit Account Name: Womble Carlyle Sandridge & Rice				Other fee (specify) _____																																																																																																																																																																																					
<b>The Commissioner is hereby authorized to: (check all that apply)</b> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				<b>1. BASIC FILING FEE</b>																																																																																																																																																																																					
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Nanda K. Alapati	Registration No. (Attorney/Agent)	39,893
Signature		Telephone	703-394-2216
		Date	February 13, 2004